



INVOICE

Invoice No: _____
Date: _____
Due Date: _____
P.O. Number: _____

BILL TO

SERVICE LOCATION / SITE

SERVICE DESCRIPTION / SECURITY ACTIVITY	QTY / HOURS	RATE (\$)	AMOUNT (\$)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal: _____

Tax / VAT: _____

Total Due: _____

PAYMENT TERMS & INSTRUCTIONS

Security Agency License No: _____